Printed/Typed Name

18. Transporter 2 Acknowledgement of Receipt of Materials

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3 9

Month

19. Discrepancy Indication Space

UA NU

Printed/Typed Name

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this minifest except as noted in Item 19. Printed/Typed Name Signature

Month Day Year

Day

Year

DO NOT WRITE BELOW THIS LINE.

Signature

P.O. Box 400, Sacramento, CA 95812-0400

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